the American Medical Association itself, not necessarily as an association but from the leaders of it, like the current president, Dr. Charles Hudson, and from the Washington representatives of the AMA who have endorsed what we are doing, and actually said that they were warmly sympathetic to what we were undertaking.

This has made our work with local medical societies much easier and has produced a good cooperation which Dr. English was describing earlier.

Mrs. GREEN. I too want to comment on what I thought was a most eloquent and persuasive statement by Dr. English. Would you comment on your problems in regard to manpower needs if you have this many funded at the present time and contemplate the expansion of the program?

Dr. ENGLISH. Yes, Mrs. Green, because I think that is one of the critical problems that you encounter when you move into either a poor urban or rural neighborhood. One of the problems ma'am, is that a community like Watts has lost its attractiveness for physicians. There are relatively few physicians, if you compare other neighborhoods, that practice there any more. The physicians have been leaving both urban areas and rural areas where the poorest of the poor live. One of the things that we are doing is that, for example, when a medical school reaches out into such a neighborhood and makes possible not only the practice of high-quality medicine there which is important to a physician but reduces some of his frustration when he sees many more problems than medicine, per se, when there are other social services available, when there are jobs for people there, this becomes an attractive thing for a physician; and we are seeing the return of physicians who had left because for the first time it is becoming attractive.

One thing we are doing about the manpower problem at least in some of the area is to begin to work getting physicians back into the areas where they had left.

Mrs. GREEN. Do you have sufficient personnel to carry on the program outlined?

Dr. ENGLISH. Yes. As a matter of fact, we have been amazed at the number of physicians that have applied to work at these centers both part and full time, and I think the attractiveness of the quality of medicine that can be practiced there, and that it is often under a medical school's auspices, is what brings them to the center. If it is good medicine generally speaking, you can get good physicians to come.

The second thing is that we are trying to extend the hands of the physician by training neighborhood people in the new health careers to be neighborhood aides; to be dental assistants; family health counselors; for example, in the Watts program from the day that center opens the professors that will be there from the University of Southern California School of Medicine will start a system of tandem training where people from the neighborhood will be paired with the people from the medical school so that we hope to increase the value by capitalizing on the talents. It is interesting that if you listen to the neighborhood councils this is the thing they like. They would like to work there and see their children become doctors and dentists and we hope this will make it possible.

Mrs. GREEN. Thank you.